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THE FUNDAMENTAL HUMAN RIGHT TO HEALTH: THE CONJUNCTURE LIFE AND DEATH THROUGH A SOCIOJURIDICAL REFLECTION ON THE PHENOMENON OF SUICIDE

Do direito humano fundamental à saúde: a conjuntura vida e morte através de uma reflexão sociojurídica sobre o fenômeno do suicídio

Janaína Machado Sturza
Universidade Regional do Noroeste do Estado do Rio Grande do Sul – UNIJUÍ. Pesquisadora. Pós doutora em Direito pelo Programa de Pós-Graduação em Direito da Universidade do Vale do Rio dos Sinos - UNISINOS. Doutora em Direito pela Universidade de Roma Tre/Itália. Professora na Universidade Regional do Noroeste do Estado do Rio Grande do Sul - UNIJUÍ, lecionando na graduação em Direito e no Programa de Pós-Graduação em Direito - Mestrado e Doutorado. Integrante da Rede Iberoamericana de Direito Sanitário. Integrante do Grupo de Pesquisa Biopolítica e Direitos Humanos (CNPq). Pesquisadora Gaúcha FAPERGS – PqG Edital 05/2019. Ijuí, Rio Grande do Sul, Brasil.
janasturza@hotmail.com

Rodrigo Tonel
Universidade Regional do Noroeste do Estado do Rio Grande do Sul – UNIJUÍ. Pesquisador. Bolsista da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - CAPES. Mestrando no Programa de Pós-Graduação em Direito - Mestrado e Doutorado, pela Universidade Regional do Noroeste do Estado do Rio Grande do Sul - UNIJUÍ. Integrante do Grupo de Pesquisa Biopolítica e Direitos Humanos (CNPq). Ijuí, Rio Grande do Sul, Brasil.
tonelr@yahoo.com

Abstract

The phenomenon of suicide, an intentional act of killing oneself, has manifested itself in contemporaneity as the agenda for debates about the promotion and protection of the fundamental human right to health. This article aims to encourage the socio-juridical perception on this phenomenon - while a risk to the preservation of human life, represented through the conjuncture between life and death. Through a bibliographical study, using the hypothetical deductive method, it's been verified as essential, initiatives that communicate strategic public policies in the fields of public health, biolaw and human rights, aiming to protect life and the human species itself.

Keywords: Right to health. Right to life. Suicide.

Resumo:

O fenômeno do suicídio, como ato intencional de matar a si mesmo, manifesta-se na contemporaneidade como pauta dos debates acerca da promoção e proteção do direito humano fundamental à saúde. Este artigo tem por objetivo estimular a reflexão sociojurídica sobre este fenômeno - enquanto risco à preservação da vida humana, retratado através da conjuntura entre vida e morte. Através de um estudo bibliográfico, tendo como método de abordagem o hipotético dedutivo, verificou-se como essencial e urgente políticas públicas que comunguem iniciativas estratégicas nos campos da saúde pública, biodireito e direitos humanos, visando resguardar a vida e a própria espécie humana.

Palavras-Chave: Direito à saúde. Direito à vida. Suicídio.

Introduction

Throughout the history of mankind, the phenomenon of suicide has always been present in the most diverse civilizations. In some of them, this phenomenon was more intense, and in others more tenuous. Therefore, it is a fact that humanity has long lived with the conjuncture life and death - in its most diverse meanings, beyond the phenomenon of suicide.

In this context, the present article proposes to make a socio-juridical approach regarding the phenomenon of suicide and the increase of its occurrence in the contemporary society, also discussing the importance of public policies aimed at its prevention and consequent protection to the fundamental human right to health and essentially the right to life.

In our contemporary society, the phenomenon of suicide introduces itself as a public health issue, standing out as the agenda for debates on the promotion and protection of the fundamental human right to health, in order to identify the main causes that lead people to the abbreviation of their own existences. In the same way, the debates continue on the attempt to instigate spaces for analysis and reflection on the topics that involve the conjuncture between life and death - and consequently suicide -, such as the autonomy and freedom of the human being to dispose or not of his physical body, that is, discussions on the right to life and death and the individual's freedom and / or voluntary choice towards death, as opposed to the State’s intervention on the individual’s life through the State's duty to protect life.

In this sense, the proposed subject is justified because of its relevance in the fields of public health, biolaw and human rights, as well as the socio-juridical contribution with regard to the theoretical and normative foundations and frameworks - after all, suicide is a phenomenon of comprehensive domain, especially because of the concerning increase in death rates given by this phenomenon. The present moment is extremely opportune and necessary to debate the subject, since life and health are common goods of humanity.

Therefore, through the use of the hypothetical-deductive method - which starts from a major premise in order to establish a specific conclusion about the proposed subject - and from the bibliographic research technique, it’s been essential and urgent to formulate and implement public policies to prevent suicide, starting from the projection of a new horizon of possibilities with regard to strategies in the fields of public health, biolaw and human rights, in such a way that it would be possible to guarantee the effective promotion of the fundamental human right to health as a universal value, aimed at the appreciation of life as a greater good.

1 Between morality and immorality, between madness, reveries and sin: the (ir)rationality of suicide

For cultural reasons, suicide has been understood as an immoral act, taboo, sin, act of disapproval by most people, which, consequently, is responsible for not giving this phenomenon the due attention as well as often being dismissed from a clear discussion, In common sense, people who commit suicide or attempt suicide are mistakenly interpreted as being insane, crazy, mad, and this is considered to be a symptom of mental illnesses and, therefore, they have to be hospitalized and treated by psychiatrists. Even so, the very fact of contemplating suicide is evidence that the individual is insane.

According to Epicurus (n.d., n.p.), "[…] death, therefore, the most awful of evils, is nothing to us, seeing that, when we are, death is not come, and, when death is come, we are not. It is nothing, then, either to the living or to the dead, for with the living it is not and the dead exist no longer."

In this way, something might be bad for a human being only when he exists and / or is alive, because when we are dead it is assumed that we do not exist – at least we ceased to exist - therefore, death can't be a bad thing.

It is important to highlight that no one knows for sure whether life continues after death or whether death is literally the end. By way of illustration, we could quote religions, philosophies and scientific theories that support the continuation of life after death, whether by the existence of the soul, such as the streams that defend dualism (CRAIG, 1979), or by the reincorporation of energy released by the dead corpses, as teaches quantum physics (LANZA; BERMAN, 2010). Other streams, such as those supporting evolutionary theories, claim that death is the end and that's it. Logically, there is no glimpse of continuation of life after death since this is a natural process of human evolution (DARWIN, 2014). However, what we know is that the physical human body will go through a natural process of decomposition. Discussing life after death is a matter for other opportunities, since the scope we are discussing here refers to the rationality of choosing death when we're living in a physical body.

According to Kagan (2012, p. 324, author's griffin), "[...] it is not that, were he dead, he would be in some condition that is a good one, or a better one than being alive. It is simply that were he dead he would *avoid* this miserable condition, which is clearly a bad one."

For the Valuable Container Theory, the simple fact that we are alive means that life is valuable. In other words, it doesn't matter how bad and miserable life may be, because even then, by the simple fact of being alive (and therefore existing) is better than being dead (non-

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existence). Now, for the Neutral Container Theory, the value of life is measured for its pleasurable and painful content (KAGAN, 2012).

Nevertheless, for some folks, life is so bad that it would be better to die. Life is so full of suffering and misery that, whatever are the pleasures, these are always overcome by suffering and pain.

There are theories about what life is. If we choose to accept what hedonism preaches, where the quality of life is based on the addition of all the pleasure and the subtraction of all the pain, in case the result of this calculation is positive, that is, if pleasure overcomes pain, it means that life is worth living. However, if the result is negative, proving more pain than pleasure, then life is not worth living (KAGAN, 2012).

Common situations such as the breakup of a relationship, the loss of a job, the death of a loved one, among others, are responsible for leading people to frustrations, where they do not think clearly and eventually end up choosing suicide. However, such situations usually affect people for a relatively short period and over the course of time, this agony goes away. At this time, contemplating suicide isn't a rational thing to do anymore.

However, if we take for example the situation of someone who has been diagnosed with degenerative cancer and as symptoms, he suffers from unbearable pains and this condition tends to remain for the rest of his life with no prospect of improvement. Then, perhaps, suicide would be a rational choice. The problem though is that we will never know with absolute certainty how our health picture will be in the future.

If we had a crystal ball that would allow us to see the future, or a time machine such as the one from the trilogy *Back to the Future* that would enable us to travel through time in order to find out how our health picture would look like in the future - better or worse -, then return to the present time and deliberate about abbreviating our existences or not, given the certainty of our future health condition, that is, whether it would be worth or not to continuing living. In such circumstances, knowing exactly what would happen in the future, then suicide would be a rational choice. However, since we do not have a time machine, neither a crystal ball, we remain on the uncertainty of improvement or worsening.

What we have are medical prognoses based on similar cases and technologies that allow us to evaluate the possibilities of improvement or worsening. We take the example of a patient who has 99.9% chances of only getting worse in the future and 0.01% chances of recovery. There are two paths to be taken. One towards suicide, and another to the continuation of existence in the hope (even minimal) of recovery. However, although recovery seems unlikely to occur and the chances are minimal, there is still the possibility of improvement, even against

the possibility of worsening which may still end up frustrated. We can realize in this example that everything is relative, and that only if we continue to live we will know if our condition will be worse off or better off, whereas if we choose to die, we will never really know what would happen (KAGAN, 2012).

By Kagan's position (2012), in some very particular contexts - when there is no glimpse of improvement through the course of life - and after a deep reflection carried out by the individual in his good mind, it might be rational to commit suicide. However, this does not mean that it may be something morally accepted by society, for example.

On the other hand, there are those who defend the choice and / or option for death, that is, death as a right derived from the freedom that the State grants to its citizens (SZASZ, 1999). In this sense, it is important to emphasize that human life, specifically when it comes to physical existence, has certain and clear limits.

2 The limit to human existence: death and suicide

As far as we know, our existence is limited, it means we can't live eternally, since our physical body is conditioned to live temporarily due to biological factors. Dying is a natural process of life, just as being born is a natural event to start the life cycle of a living being, while a birth is often celebrated with happiness, death is faced with sadness and generally avoided at all efforts. Every living being is destined to die at the end of its life. Therefore, we all know that one day we will die. It is true that we can delay our deaths through the technologies that we dispose, through drugs and treatments, but we can't avoid death. We simply can't control this fact (KÜBLER-ROSS, 1986). For Carnell (2007, pp. 23-24),

> the incongruity between man's desire for life and the reality of physical death is the most maddening problem of all. Although he sees the handwriting on the wall, man yet refuses to think that death is his final destiny, that he will perish as the fish and the fowl, and that his place will be remembered no more. Man wills to live forever; the urge is written deep in his nature.

In the same context, Thomason (2002, p.270) points out that,

> belief in survival after death is not only universal but very ancient. The Egyptians held it; in Greece it was adopted by the Orphics, from whom Plato received it; the Hebrews accepted it; Jews in Christ's day held it; Christianity has always believed it; and for primitive man, too, immortality was a certainty, not a conjecture. Survival after death was how man interpreted the ineradicable intuition rooted in the imperishable core of his being.

However, we face the possibility of ending our lives through death even before natural causes, for example. That's when suicide comes to the discussion. After all, "[…] the possibility

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of suicide opens up only given the fact that we can *control* how long we live. But this is, in fact, one of the few things about death that we can indeed control: if I choose to, I can end my life earlier than it would otherwise end." (KAGAN, 2012, p.318, author's griffin). Thereby, "death is an unavoidable event: its occurrence is not in our hands, but its timing may be, if we so choose." (SZASZ, 2011, p. 2).

In accordance with Durkheim (2002, n.p., author's griffin), "[…] the term *suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result*."

In the Bible, although many religions disapprove the act of one committing suicide, there is no explicit prohibition of suicide. What has been observed is an ambivalence through the sacred texts between reprobation and exaltation. By way of illustration, we could quote the death of Samson (Judges, 16:28), where an act of heroism had been reported, and Judas (Matthew 27: 3-5) in a way of repentance for the betrayal of Jesus (KING JAMES BIBLE, n.d.).

Suicide in the ancient world did not have the same negative connotations we observe in our contemporary society. For the Greco-Roman philosophers, suicide under some circumstances used to constitute a noble death. In the judgment of Socrates, for example, he chose to drink hemlock and, consequently, die, rather than escaping and living a life, which, for him, would no longer be worth living (PLATO, n.d.).

Similarly, throughout the Japanese history, the so-called *seppuku* or *hara-kiri*, was a practice known among the Japanese samurai. A type of suicide practiced by a perspective of bravery and heroism. In the literal sense, the terms are translated by cutting the belly, however, in a contextual sense, the Japanese warriors took their lives for their own country, which are interpreted as an act of honor or love (DIAS, 2018).

Ariès (1977) suggests that the event of dying has been considered a private matter, being part of the individual's intimate sphere. However, when suicide occurs, it contradicts the Western model of death and goes into the public sphere. Moreover, throughout Western history, suicide has always been influenced by the cultural context of each epoch.

In the course of human history, suicide used to be represented as a sinful act and had been frequently criminalized (DURKHEIM, 2002). In contemporary society, though, there are still few countries that regard this phenomenon as a crime. However, for most countries, suicide is not codified in the legislation as a crime. Thus, "as a phenomenon, suicide is ancient. As a medical problem, it is recent." (SZASZ, 2011, p. 9).

For the Brazilian legislation, suicide is not considered a crime. The law does not punish those who by their own act commit suicide, logically because there is no way to punish somebody who is already dead, who no longer exists in the world of the living. In other words, there is no way to punish a corpse. There is also no punishment for the attempt.

Meanwhile, when we talk about suicide, the current Brazilian Criminal Code – *Código Penal* - only manifests itself with respect to induction, instigation and providing assistance for someone to commit suicide. Thus, we can extract the following from the provisions of the Article 122: "Induce or instigate someone to commit suicide or to assist him to do so: Penalty - imprisonment, from two to six years, if the suicide is consumed; or imprisonment, from one to three years, if a suicide attempt results in a serious bodily injury." (BRASIL, 1940).

In this context, it is important to identify the meanings of inducing, instigating and assisting. According to the doctrine, for Guilherme de Souza Nucci (2014), inducing means giving or creating an idea to those who do not possess it, that is, to inspire or instill in someone an idea. Instigating means to give strength, to foment or to stimulate an idea that already exists. Finally, assisting means to provide the material support for the agent to perform the suicidal act.

Currently, out of curiosity, there are scholars that argue that suicide is a right, that is, the right to death, as a freedom faculty that the citizen owns in a democratic State (SZASZ, 1999).

For the psychiatrist Thomas Szasz (1973, p.67, our griffin), "*suicide is a fundamental human right*. This does not mean that it is morally desirable. It only means that society does not have the moral right to interfere, by force, with a person's decision in commit this act."

Others, however, defend the right to die only in circumstances where the continuation of existence becomes unbearable, unfeasible, and therefore unworthy living, that is to say, it would negatively affect the dignity of the individual, and in this case, euthanasia and assisted suicide would be admissible (GOUVÊA; DEVAL, 2018).

Finally, the discussion around the subject is quite complex and challenging, since it involves different interpretations. In this sense, the contemporaneity of our society propitiates an even broader discussion, since it combines classic and modern theorists, demonstrating that the subject is not only a concern today, but it comes from the past, permeating the present and, perhaps, will extend into the future.

3 Suicide in contemporary society: certainties and uncertainties

When life is at a very bad stage, that is, when we come across constant frustrations, when melancholy becomes the *hammer* that continually shatters our hopes, then we begin to consider the deliberate abbreviation of our existences. This cogitation - or even the act of killing ourselves - seems to be a personal decision. In other words, a decision that comes from our intimacy, an act so apparently private that depends on personal factors, an act of the individual that affects only himself, a phenomenon that would exclusively rest in the field of psychology.

However, it is not quite like that. Emile Durkheim, a distinguished French sociologist, will propose in his famous work called *Suicide*, that there are social factors that are protective to life, that is to say, suicide as a social fact. For Durkheim (2002), the choice for the deliberate abbreviation of existence is justified by the weakening of the social bonds of the depressed individual. Corroborating the analyses, Clóvis de Barros Filho and Arthur Meucci (2012, n.p., our translation) affirm that, "[...] the importance we have in the lives of others and the importance that others have in our lives end up being factors that protect ourselves in times of sadness." In the same sense, Primo Levi (1959, p.8), in his book entitled *If this is a man?*, will say that:

> Sooner or later in life everyone discovers that perfect happiness is unrealizable, but there are few who pause to consider the antithesis: that perfect unhappiness is equally unattainable. The obstacles preventing the realization of both these extreme states are of the same nature: they derive from our human condition which is opposed to everything infinite. Our ever-insufficient knowledge of the future opposes it: and this is called, in the one instance, hope, and in the other, uncertainty of the following day. The certainty of death opposes it: for it places a limit on every joy, but also on every grief. The inevitable material cares oppose it: for as they poison every lasting happiness, they equally assiduously distract us from our misfortunes and make our consciousness of them intermittent and hence supportable.

Our contemporary society, or as it prefers to call Byung-Chul Han (2015), *achievement society*, is a society characterized and constantly bombarded by the excess of positivity. Slogans like *No Pain, No Gain!*, or, *Just Do it!*, are common and notorious examples of this overdose of positivity that describes our contemporary society. We end up becoming gods of ourselves, or slaves of a system that forces us to think in an extremely individualistic way. When we fail to reach certain standards, we become frustrated, we enter into a state of exhaustion.

On the other hand, this achievement society produces excess of fatigue and exhaustion. In other words, "[…] the excessiveness of performance enhancement leads to psychic infarctions." (HAN, 2015, p. 31).

According to Byung-Chul Han (2015, p. 1, author's griffin), we live in a period distinguished not by epidemic diseases, such as viruses or bacteria, but rather,

> […] neurological illnesses such as depression, attention deficit hyperactivity disorder (ADHD), borderline personality disorder (BPD), and burnout syndrome mark the landscape of pathology at the beginning of the twenty-first century. There are not infections, but infarctions; they do not follow from *negativity* of what is immunologically foreign, but from an excess of *positivity*. Therefore, they elude all technologies and techniques that seek to combat what is alien.

Within our own relationships, we are always virtually connected with everyone and everything in the world, but ultimately, we are always alone. With the introduction of communication technologies, we observe great weakening on the social bonds- or an illusory strengthening on social bonds. On this phenomenon in social relations, Bauman (2004, n.p., our translation) observes that:

> They are "virtual relationships." Unlike old-fashioned relationships (not to speak of those with "compromise" much less than long-term commitments), they seem to be tailor-made for the fluid setting of modern life, where "romantic possibilities" are expected and desired and not just romantic ones) emerge and disappear at increasing speed and in increasing volume, annihilating each other and trying to shout the promise of "being the most satisfying and most complete." Unlike "real relationships" it is easy to get in and out of "virtual relationships." Compared to the "authentic thing", heavy, slow and confusing, they look smart and clean, easy to use, understand and handle. Interviewed about the increasing popularity of dating over the Internet, to the detriment of single bars and specialized sections of newspapers and magazines, a 28-year-old from Bath University pointed a decisive advantage of the electronic relationship: "You can always push the key to delete".

Therefore, in the contemporary society, the excess of positivity and the false appearance of living surrounded by virtual friends are general social factors that lead people to sadness, due to a very particular sense of isolation in which, at the end, leads to suicide.

In addition, it is important to emphasize that we live in a capitalist society, distinguished by social inequalities, extreme exploitation, oppression, individualism, competitiveness, unemployment, corruption, economic crises etc. All these are elements that influence the ideation, attempt and execution of suicides (CONSELHO FEDERAL DE PSICOLOGIA, 2013).

Therefore, we can observe a very wide range regarding the causes of suicide. However, we could say that the major causes of suicide have been related to depression, mental illness, use of narcotic substances and alcoholism, overwork, unemployment, bullying, sexual violence as well as social, cultural and political influences. It's been emphasized that, suicide is not considered a concrete decision of the individual, but the result of a social disease. Thus, suicide is one of the eternal problems of humanity, characterized by a multidimensionality and a complex interplay of external and internal causes of its behavior, deserving prominence in the spaces for the debates about the realization of the fundamental human right to health as well as its public promotion policies aimed to prevent suicide and promoting life.

4 Beyond the concept of suicide: the definition of health as a fundamental human right and the context of public policies

Imagine, by way of illustration, a person who lived to be 100 years old, but every moment of his life was characterized by pain and suffering. Now, imagine also a person who lived to the age of 50 years old, however, without so much pain and suffering, but healthier and happier. We may realize in both cases an abrupt difference, since the fact of living more does not mean living better, that is, what logically matters is not the amount of years lived, but the quality of those years lived.

That's because, "[…] it is one thing to gleefully enjoy life when one's energy level is high and all one's faculties are fully intact. It is quite another thing to enjoy life even when in extreme pain, unable to physically do anything, and physically or mentally deteriorating." (HOSPICE PATIENTS ALLIANCE, n.d., n.p.).

Commonly, we misunderstand when we interpret health as the simple absence of disease. According to the Constitution of the World Health Organization (1946, p. 1), the definition of health is the following: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." We can glimpse, therefore, that the definition of health goes far beyond a medical consultation, or supply of medicines and treatments guaranteed by the State. Being aware that this concept has greater amplitude, we can affirm that it permeates other spheres such as the quality of life of the individual, food, housing, work, the environment in which he lives, among other things.

To Donald Chittick (1998), the concern and search for health appears in the course of the human history, where the first civilizations had already demonstrated scientific knowledge and technologies for the search and maintenance of health.

In the same context, Schwartz (2001) states that the first understanding of health was born with the Greeks in the premise *Mens Sana In Corpore Sano*, which translates into a healthy mind in a healthy body, that is, a harmonic balance among body and mind.

It's been with the introduction of the Welfare State that the State assumed the role of provider of public health (FIGUEIREDO, 2007). It is interesting to note that the concept of health evolved from a curative conception, that is, the simple cure of diseases, or even the preventive conception to prevent the diseases from a wider perspective. However, such hypotheses have an organic character insofar as they understand health as the mere absence of disease and do not evaluate other elements such as the social aspect, for example (BARRIQUELLO, STURZA, 2018).

Because of it, the right to health emerges as a guarantee to the citizens provided by the State with the goal to not only cure diseases but also to provide means of preventing them. The right to health is not only for those people who are sick, but it is a right for everyone, sick and healthy.

In the Universal Declaration of Human Rights from 1948, on its Art. 25, item 1, we have the following:

> Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

In Brazil, in the Federal Constitution of 1988, the right to health is a fundamental social guarantee provided in rt. 6º, and Arts. 196 to 200. Here we highlight the Art. 196, which states that: “Health is the right of everyone and the duty of the State, guaranteed through social and economic policies aimed at reducing the risk of disease and other infirmities and universal and equal access to actions and services for their promotion, protection and recovery.” (BRASIL 1988, our translation). In this sense,

> [...] health has been seen and studied here as a “quality of life”, guaranteed mainly through the promotion and prevention of diseases, and healing is used in cases where the two previous ones were not enough to guarantee the full quality of life for the citizen. All these dimensions are guaranteed by a system that works for the benefit of society and the citizen. (BARRIQUELLO, STURZA, 2018, p.87, our translation).

Thus, the introduction of the concepts of health promotion and disease prevention are, until now, the best alternatives to deal with public health issues and, consequently, they contribute to a better quality of life. Faced with this perspective of promotion and prevention, the right to health is collective, because it aims to promote social inclusion and allows greater participation and political involvement of citizens in the decisions of the State.

In this context, it is important to highlight the elaboration and implementation of public health policies so that citizens may have broader access to health programs and services. It has been comprehended that one of the functions of a Democratic State is to ensure the well-being of its society. In order to make it possible, the State must act and develop actions on key areas such as health, education, environment, among others. Public policies are some of the main ways to act in those areas.

Thus, "[...] public policies are a set of actions and decisions of the government, aimed at solving (or not) problems in the society". (SEBRAE MG, 2008, p.5, our translation). Now, for Vallès (2002, p. 37, our translation), public policies are

> [...] an interrelated set of decisions and non-decisions, which are focused on a specific area of conflict or social tension. These are decisions taken formally within the framework of public institutions - which gives them the ability to bind - but which have been perceived in a process of elaboration in which a plurality of public and private actors have participated.

In this way, the State started to be called a Social Security State, being responsible for the implementation of public policies that would meet the most varied needs of an increasingly complex society. However, efforts to prevent suicide should be directed through a multidisciplinary analysis, that is, one must always take into account the social contexts where those people who are more subjected and / or prone to suicidal contemplation are inserted. However, the applicability of this holistic paradigm becomes proportionally more difficult when placed in the context of countries whose territorial extensions along with their cultural diversities make the phenomenon of suicide even more complex to be understood, and especially, prevented (KOCH, OLIVEIRA, 2015).

In the case of health, according to Lucion and Sturza (2018, p.29, our translation), "public policies for health promotion, which, through actions that favor the well-being of people and maintenance of health, also end up promote the right to health."

In the context of suicide, according to a research made by the World Health Organization (2018), about 800,000 people die from suicide each year. This, through mathematical calculations, would represent the death of one person every 40 seconds. In this follow-up, suicide is globally considered the second largest cause of death in people aged 15-29 years old. Still, for each suicide executed, 20 others were attempted.

In Brazil, approximately 106,374 deaths from suicide have been recorded from 2007 to 2016. It represents an average of 11,000 deaths each year in Brazil, and it is the fourth largest cause of death among young people, from 15 years old to 29 years old (MINISTÉRIO DA SAÚDE, 2018).

All these numbers are responsible for leading us to a single conclusion: suicide has become a public health issue. These data are alarming and worrying and reveal the need to seek alternatives in an attempt to reduce the numbers of deaths by suicide. Thus, we need public policies to prevent suicide in Brazil.

Some actions have already been taken for the purpose of prevention. This is the case of the institution of the September 10th as the World Suicide Prevention Day. In Brazil, this date

is most known as *Setembro* Amarelo - Yellow September -, which represents a prevention and awareness campaign where historical buildings and monuments are illuminated and / or decorated with the yellow color (FIOCRUZ, 2016).

Besides, in Brazil, we have the *Centros de Atenção Psicosocial, CAPS* - Centers of Psychosocial Attention -, which are:

> [...] health services opened for the community, consisting of a multiprofessional team that works on the interdisciplinary approach and carries out, as a priority, care for people with mental suffering or disorder, including those with alcohol and other drug users' needs, their territorial area, whether in crisis situations or in the processes of psychosocial rehabilitation and are substitutive to the asylum model. (MINISTÉRIO DA SAÚDE, 2017, n.p.).

The CAPS, therefore, represent fundamental relevance because of their role, albeit indirectly, in terms of suicide prevention. The CAPS came to replace the old asylums and have a differentiated profile in relation to the old methods and psychiatric treatments, because it counts on multidisciplinary teams of health professionals and have a welcoming and objective character of social insertion of the individual.

Additionally, in Southern Brazil, in the State of Rio Grande do Sul, there are discussions for the implementation of a pilot project, through the creation of an observatory in a try to collect data and identify possible risk groups. Because it is considered to be one of the States in Brazil with the highest suicide's rates, the project proves to be pioneering in terms of prevention in the national context (DI LORENZO, 2017). The idea is to collect data for demographic, social and epidemiological analyzes, with the goal of subsidizing public policies for suicide prevention inside the State.

Final considerations

Suicide - from the conjuncture life and death -, is a phenomenon characterized by a very wide range of factors and causes. Likewise, its prevention has to be proposed in a multifactorial and multicausal way. We can prevent suicides through centralized policies on public health, biolaw and human rights, to promote citizenship and not intolerance, which seek to eradicate social inequalities and the recognition of minorities. In schools, equally, demonstrating the value of life. In the media, clarification campaigns. In health, more training and preparation for health professionals in order to cope with people who have suicidal thoughts. In legislation, restricting access to lethal means such as weapons and drugs, at least temporarily, during a period of crisis.

It is important to emphasize that we can't label the suicidal individual as a mere madman, with a psychic or biological disorder that should be treated on the basis of chemical drugs, but rather to discuss the phenomenon of suicide openly, trying to demystify and / or deconstruct the taboos and myths about the subject, that is, to develop and reinforce prevention strategies with a multisectoral approach, in order to break the stigmas and taboos that exist around this phenomenon.

As it has been noted previously, our contemporary society is lacking in terms of social bonds. Public policies for suicide prevention are an attempt to strengthen these social bonds, especially when it comes from the most vulnerable groups, identifying the main causes and providing all kinds of necessary assistance, since health is a fundamental human right, which results in our greatest good - life.

Health is a right and duty of the State. However, health should not be confused simply with the absence of disease, but rather it should be understood as physical, mental and social well-being. Therefore, following this ideology, we must prevent suicide not only through the physical and mental perspective with the medicalization and hospitalization of the suicidal individual, but also in the socio-juridical perspective, through education and the formulation and implementation of public policies, capable of encouraging and indicating social determinants and sanitary regulatory frameworks, which indeed - and not only in legal terms -, may guarantee the fundamental human right to health, protecting life and the human species itself.

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